Senior Project

Rough Draft

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What is depression? What types of depression are their? Who does depression effect? Why do people get depression? How is depression treated? All these questions can be answered through the right research and studies. Depression has people so depressed and scarred, often suicide becomes their cure. I will explain all these questions by showing you quotes and facts from doctors. I am doing this project dedicated to the people with depression.

To start, what is depression? Depression is a mental state in which is characterized by a pessimistic sense of inadequacy and a despondent lack of activity. Depression is a mental disease that afflicts millions of Americans each year. Depression is more serious then most people think. Depression can be a terminal illness. Untreated depression is far and away, the most common cause of suicide. Suicide is the nations 7th largest killer, overall, and it claims more teens and young adults then anything else. However clinical depression is not the same as sadness that everyone feels from time to time. That is a normal period of mourning or bereavement after a something like a tragic death in the family. But depression is not a moral failing or a character flaw or weakness, it is an illness, and like any other illness, it can take its toll.

What types of depression are their? There are a few Major Depressions, This is the most serious type of depression, in terms of number of symptoms and severity of symptoms, but there are significant individual differences in the symptoms and severity. You do not need to feel suicidal to have a major depression, and you do not need to have a history of hospitalizations either, although both of these factors are present in some people with major depression. There is no official diagnosis of "moderate depression."

But there is another called” Dysthymic Depression” this refers to a low to moderate level of depression that persists for at least two years, and often longer. While the symptoms are not as severe as a major depression, they are more enduring and resistant to treatment. Some people with dysthymia develop a major depression at some time during the course of their depression.

Then we have an “Unspecified Depression” which is a category is used to help researchers who are studying other specific types of depression, and do not want their data confounded with marginal diagnoses. It includes people with a serious depression, but not quite severe enough to have a diagnosis of a major depression. It also includes people with chronic, moderate depression, which has not been presented long enough for a diagnosis of a Dysthymic disorder.

Then there is an “Adjustment Disorder”, and with Depression this is a category that describes depression that occurs in response to a major life stressor or crisis. And for the most common we have “Bipolar Depression” this type includes both high and low mood swings, as well as a variety of other significant symptoms not present in other depressions.

There are many causes of depression starting from most common we have “Family History Genetics” which play an important part in depression. It can run in families for generations. “Trauma and Stress” affect people who have low self-esteem and a negative outlook are at higher risk of becoming depressed. These traits may actually be caused by low-level depression (called dysthymia)

.And a “Pessimistic Personality” are people who have low self-esteem and a negative outlook are at higher risk of becoming depressed. These traits may actually be caused by low-level depression (called dysthymia).

Also ”Physical Conditions” Serious medical conditions like heart disease, cancer, and HIV can contribute to depression, partly because of the physical weakness and stress they bring on. Depression can make medical conditions worse, since it weakens the immune system and can make pain harder to bear. In some cases, depression can be caused by medications used to treat medical conditions.

And other “Psychological Disorders” like anxiety disorders, eating disorders, schizophrenia, and (especially) substance abuse often appear along with depression. When all this builds up in a person’s life it can become serious and incurable, and sometimes deadly.

Now you may be wondering who can get depression. Men, women, and elderly of all ages can be consumed by the mental disease know as depression. Although men and their risk for depression is lower, men are more likely to go undiagnosed and less likely to seek help. They may show the typical symptoms of depression, but are more likely to be angry and hostile or to mask their condition with alcohol or drug abuse. Suicide is an especially serious risk for men with depression, who are four times more likely than women to kill themselves.

Women on the other hand are almost twice as likely to become depressed as men. The higher risk may be due partly to hormonal changes brought on by puberty, menstruation, menopause, and pregnancy. Also because of a sensitivity, women ten to have erratic mood swings. But erratic mood swings are normally caused by puberty, menstruation, menopause, and pregnancy.

And as for the elderly people, they may lose loved ones and have to adjust to living alone. They may become physically ill and unable to be as active as they once were. These changes can all contribute to depression. Loved ones may attribute the signs of depression to the normal results of aging, and many older people are reluctant to talk about their symptoms. As a result, older people may not receive treatment for their depression.

Now having all this information, you may be wondering how it can be treated. Their are a number of ways for depression to be treated. But before I get into that, you need to know the symptoms. Constant feelings of sadness, irritability, or tension, are some of the main symptoms. Then you have a decreased interest or pleasure in usual activities or hobbies loss of energy or a feeling tired despite lack of activity a change in appetite, with significant weight loss or weight gain. A change in sleeping patterns, such as difficulty sleeping, early morning awakening, or sleeping too much restlessness or feeling slowed down and decreased ability to make decisions or concentrate.

And another would be feelings of worthlessness, hopelessness, or guilt thoughts of suicide or death. All these are signs of depression. These signs help doctors figure out what is wrong with you. But some treatments would be exercises like running, breathing, swimming, and stretching, and talking to friends. It also helps to talk with teachers, councilors, doctors and therapist. These people can help you when you feel down. Sometimes it helps to get all this, even if you are not depressed.

In the chart below you will see a list of medications used to treat depression. The chart will show you the drug names, type of medication, and potential side effects from using this medication. Then for the top brands of depression medication I will explain the best medication and the risks that they present. Although people look at depression as a disease, because that is what it is, some of these medications listed below have been know also to make the symptoms worse. After the chart I will have a link that will show you what is happening to the brain when depression starts.

Medication Side Effects

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| **Drug Name** | **Type of medication** | **Potential Side Effects** |
| Anafranil Adapin Aventyl Elavil Norpramin Pamelor Pertofrane Sinequan Surmontil Tofranil Vivactil | These medicines are tricyclic antidepressants (TCAs) which work by increasing the available amount of serotonin and/or norepinephrine in the brain. | Dry mouth, blurred vision, increased fatigue and sleepiness, weight gain, muscle twitching (tremors), [constipation](http://www.webmd.com/digestive-disorders/digestive-diseases-constipation), bladder problems such as urine retention, dizziness, daytime drowsiness, increased heart rate, [sexual problems](http://www.webmd.com/content/article/10/1663_51228). |
| Parnate Nardil Marplan | Monoamine oxidase inhibitors (MAOIs) increase the amount of norepinephrine and serotonin in the brain | Must avoid certain foods and medications to avoid dangerous interactions\*  Serious side effects may include: headache, heart racing, chest pain, neck stiffness, nausea and vomiting. If you experience any of these symptoms, seek medical care immediately. |
| Celexa Lexapro Luvox Paxil Prozac Zoloft | Selective serotonin reuptake inhibitors, or SSRIs, work by increasing the amount of serotonin, a neurotransmitter found in the brain. | [Sexual problems](http://www.webmd.com/content/article/10/1663_51228) including low sex drive or inability to have an orgasm are common but reversible, dizziness, headaches, nausea right after a dose, insomnia, feeling jittery. |
| Wellbutrin | Wellbutrin may increase the amounts of the neurotransmitters norepinephrine and dopamine in the brain. | [Weight loss](http://www.webmd.com/diet/default.htm), decreased appetite, restlessness, insomnia, anxiety, constipation, dry mouth, diarrhea, dizziness  Wellbutrin is much less likely to cause the weight gain or sexual problems seen with other antidepressants. |
| Effexor Remeron Cymbalta | These drugs increase the levels of the neurotransmitters serotonin and norepinephrine in the brain. | Drowsiness, blurred vision, lightheadedness, strange dreams, constipation, fever/chills, headache, increased or decreased appetite, tremor, dry mouth, nausea.  Remeron can be sedating. Cymbalta may increase sweating and [blood pressure](http://www.webmd.com/hypertension-high-blood-pressure/guide/blood-pressure-basics) and also cause fatigue and reduced energy. |
| Desyrel (trazodone) Ludiomil | These drugs block various neurotransmitter chemicals to some degree. | Desyrel may cause drowsiness, fatigue, tremor, headache, dry mouth, nausea and vomiting.  Ludiomil may cause headache, dizziness, dry mouth, fatigue, daytime sleepiness, sweating. |

Medication for Depression

Tricyclic antidepressants (TCAs) are some of the first antidepressants used to treat depression. They primarily affect the levels of two chemical messengers (neurotransmitters), nor epinephrine and serotonin, in the brain. Although these drugs are effective in treating depression, they have more side effects, so they usually aren't the first drugs used.

Monoamine oxidize inhibitors (MAOIs) are another early form of antidepressant. These drugs are most effective in people with depression who do not respond to other treatments. They are also effective for other mental illnesses. Substances in certain foods, like cheese, beverages like wine, and medications can interact with an MAOI, so these people taking this medication must adhere to strict dietary restrictions (see below). For this reason these antidepressants also aren't usually the first drugs used.

Selective serotonin reuptake inhibitors (SSRIs) are a newer form of antidepressant. These drugs work by altering the amount of a chemical in the brain called serotonin.

Serotonin and nor epinephrine reuptake inhibitors (SNRIs) are another newer form of antidepressant medicine. They treat depression by increasing availability of the brain chemicals serotonin and norepinephrine

Depression medication facts

**Important Safety Information About WELLBUTRIN XL**  
  
WELLBUTRIN XL is not for everyone. There is a risk of seizure with WELLBUTRIN XL which increases with higher doses. Taking more than 450 mg/day increases the chance of serious side effects. Don’t use it if you’ve had a seizure or eating disorder, or if you abruptly stop using alcohol or sedatives. Don’t take with MAOIs, or medicines that contain bupropion. When used with a nicotine patch or alone, there is a risk of increased blood pressure, sometimes severe. To reduce risk of serious side effects, tell your doctor if you have liver or kidney problems. Other side effects may include weight loss, dry mouth, nausea, difficulty sleeping, dizziness, sore throat, constipation, or flatulence.  
  
WELLBUTRIN XL is approved only for adults 18 years and over. In some children, teens, and young adults, antidepressants increase suicidal thoughts or actions. Whether or not you are taking antidepressants, you or your family should call the doctor right away if you have worsening depression, thoughts of suicide, or sudden or severe changes in mood or behavior, especially at the beginning of treatment or after a change in dose (see Medication Guide: Antidepressant Medicines, Depression and Other Serious Mental Illnesses, and Suicidal Thoughts or Actions).

## Effexor XR: Effective Treatment for Depression

**Effexor XR** may be an important treatment option in the journey toward achieving remission. It is an **SNRI** (a **serotonin-norepinephrine reuptake inhibitor**) and affects two neurotransmitters in the brain thought to be important in treating depression and anxiety disorders. Effexor XR is approved by the FDA to treat depression, generalized anxiety disorder (GAD), social anxiety disorder (SAD), and panic disorder (PD) with or without agoraphobia.

These are what you risk receiving when you take this medication. But in clinical studies, Effexor XR has been proven to treat depression and to help prevent it from coming back. If you are experiencing depression symptoms, you may want to talk with your doctor about the importance of achieving remission — and about Effexor XR as one treatment option that may help you reach that goal.

This is the link below, please pay full attention to this video to understand depression furthermore.

<http://www.depression.com/depression_animation.html?content=understanding&>

### Now as I have mentioned before, suicide. Before you can understand suicide you need to understand thoughts of suicide. Thoughts of suicide have been studied for years, and still have not been fully explained. A man named Stephen L. Bernhardt wrote a article on understanding suicide and maybe it could help you understand it as well. Now first I am going to talk about suicidal triggers. “Suicidal "Triggers". Given a person who is depressed and having suicidal thoughts, there are certain releasers or, which intensify the suicidal urge. If Recognizing those triggers of renewed suicidal urges which are present in your life will help you to understand what is happening to you and begin to allow you more control of your emotions.

## Here are some exercises that you can use to help you calm down. These are Relaxation Activities, learning to release your stress can help you cope with many kinds of medical conditions. Visualization, breathing exercises, and yoga are three simple activities that can help you relax.

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| Visualize  These steps explain how visualization works:   1. Close your eyes and picture a place where you feel at peace. This could be your favorite beach, the mountains, or even your own cozy bedroom. 2. Now imagine yourself in that peaceful place, and try to empty your mind. Think over and over again of a word that makes you feel relaxed. If you're stuck, try words like "calm" or "peace." Keep repeating your word to yourself as you breathe in and out. Whenever your mind wanders, just focus on your word and let go of everything else. 3. Stay in your peaceful place for as long as you like. Then open your eyes and sit quietly for a moment before continuing.   Breathing  These steps explain how to relax using a breathing exercise.   1. First, sit down in a comfortable chair and imagine a spot just below your belly button. 2. Now, breathe into this spot and feel your belly, or abdomen, fill with air. Let the air fill you from your belly up through your lungs. 3. If you like, put your hand on this spot and feel it swelling with air. Breathe in completely. 4. Next, starting from your lungs and moving down through your belly, slowly release the air, just like deflating a balloon. 5. Let the air out completely, and pause a moment before taking your next breath. With every long, slow breath, you should feel more relaxed.   Once you've learned these breathing and visualization techniques, you can practice them whenever you're stressed. For the best results, set aside 10 to 20 minutes every day. When you wake up, right before bed, or during your lunch hour are all great times to give them a try. If you're short on time, try doing a 5- or 10-minute session twice a day. The most important thing is to use these techniques on a regular basis.  Yoga  These simple activities can release stress from your neck, shoulders, and lower back. Here are a few things to keep in mind as you give them a try:  • Breathe deeply and naturally throughout.  • Do not overstretch.  • Go only to the point where you feel a gentle stretch, then hold it there.  • You should never feel pain during these stretches.  Side neck stretch  This relieves stress in your neck.  • To begin, sit up straight in a chair with your feet firmly on the floor. Then, lift your chest to lengthen your back.  • Now, exhale and keep your eyes and nose pointed straight ahead. Gently tilt your left ear toward your left shoulder. Keep your right shoulder down. Don't crunch over at the side. Now, inhale and lift your head up.   1. Exhale again and turn your head to look over your left shoulder. Keep your right shoulder in place. 2. Now, repeat this stretch on your other side. Gently tilt your right ear toward your right shoulder. Keep your left shoulder down. Don't crunch over at the side. Now, inhale and lift your head up. 3. Exhale again and turn your head to look over your right shoulder. Keep your left shoulder in place.   Shoulder stretch  This relieves stress in your shoulders.   1. To begin, sit up straight in a chair with your feet firmly on the floor. Lift your chest to lengthen your back. 2. Inhale and lift both shoulders as high as you can toward your ears. 3. As you exhale, press both shoulders down as far as you can, keeping your back straight and your chest lifted.   Chair squat  This relieves stress in your lower back.   1. To begin, sit on the edge of your chair and place your feet far apart. 2. Turn your feet out so that there is no stress on your knees. 3. Inhale and lift your chest to lengthen your back. 4. Exhale and bend forward at your hips, keeping your back straight for as long as possible as you reach towards the floor. If it's more comfortable for you, place your hands on your knees instead of the floor. 5. Take one full breath while in this position. 6. Inhale as you come back up to a sitting position.     Once you've learned these exercises, you can practice them whenever you're stressed. For the best results, set aside 10 to 20 minutes every day. When you wake up, right before bed, or during your lunch hour are all great times to give them a try. If you're short on time, try doing a 5- or 10-minute session twice a day. The most important thing is to use these techniques on a regular basis.  Also here is a visual link for other exercises that you can practice in the safety and comfort of your own home.  <http://www.depression.com/activity2.html?content=day&> |
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Here are some places that deal with treatment for depression.

**American Psychiatric Association**   
1000 Wilson Boulevard, Suite 1825   
Arlington, VA 22209-3901   
Toll-free: (888) 35-PSYCH (357-7924)   
Phone: (703) 907-7300   
<http://www.psych.org>

**American Psychological Association**   
750 First Street, NE   
Washington, DC 20002-4242   
Toll-free: (800) 374-2721   
Phone: (202) 336-5500   
<http://www.apa.org>

**Center for Mental Health Services (CMHS) Knowledge Exchange Network (KEN)**   
P.O. Box 42490   
Washington, DC 20015   
Toll-free: (800) 789-2647   
<http://www.mentalhealth.org>

**Depression and Bipolar Support Alliance (DBSA)**   
730 North Franklin Street, Suite 501   
Chicago, IL 60601-7204   
Toll-free: (800) 826-3632   
<http://www.dbsalliance.org>

**Depression and Related Affected Disorders Association**   
Meyer 3-181   
600 North Wolfe Street   
Baltimore, MD 21287-7381   
Phone: (410) 955-4647   
<http://www.drada.org>

**National Alliance for the Mentally Ill**   
Colonial Place Three   
2107 Wilson Boulevard, Suite 300   
Arlington, VA 22201-3042   
Toll-free: (800) 950-NAMI (950-6264)   
Phone: (703) 524-7600   
<http://www.nami.org>

**National Alliance for Research on Schizophrenia and Depression**   
60 Cutter Mill Road, Suite 404   
Great Neck, NY 11021   
Toll-free: (800) 829-8289   
<http://www.narsad.org>

**National Foundation for Depressive Illness, Inc.**   
P.O. Box 2257   
New York, NY 10116   
Toll-free: (800) 239-1265   
<http://www.depression.org>

**National Institute of Mental Health (NIMH),   
Public Inquiries**   
6001 Executive Boulevard, Suite 8184, MSC 9663   
Bethesda, MD 20892-9663   
Phone: (301) 443-4513   
<http://www.nimh.nih.gov>

**National Mental Health Association**   
2001 North Beauregard Street, 12th Floor   
Alexandria, VA 22311   
Toll-free: (800) 969-NMHA (969-6642)   
<http://www.nmha.org>

**Substance Abuse and Mental Health Services Administration (SAMHSA)**   
US Department of Health and Human Services   
5600 Fishers Lane   
Rockville, MD 20857   
Phone: (301) 443-8956   
<http://www.samhsa.gov>

**Depression After Delivery, Inc. (DAD)**   
91 East Somerset Street   
Raritan, NJ 08869   
Toll-free: (800) 944-4PPD (944-4773)   
<http://www.depressionafterdelivery.com>

**Postpartum Support International**   
Postpartum Resource Center of New York, Inc.   
109 Udall Road   
West Islip, NY 11795   
Phone: (631) 422-2255   
http://www.postpartum.net

Work Cited

Depression Links

<http://www.depression.com/types_of_depression.html> 11/10

<http://www.depression.com/causes_of_depression.html> 11/10

<http://www.depression.com/who_gets_depression.html> 11/10

<http://www.med.nyu.edu/psych/screens/depres.html> 11/10

<http://www.psychologyinfo.com/depression/> 11/12

[http://www.psychologyinfo.com/depression/major.htm 11/12](http://www.psychologyinfo.com/depression/major.htm%2011/12)

<http://www.depression.com/depression_animation.html?content=understanding&> 11/10

<http://www.webmd.com/video/back-to-grind> 11/20

<http://www.healthyplace.com/Communities/Depression/living/index.asp> 11/17

<http://www.healthyplace.com/Communities/Depression/living/general.asp> 11/17